

Part-Time Local 587 New Hire Guide



King County

Benefits, Payroll and
Retirement Operations

Welcome to King County!

As a new part-time Local 587 employee, you have the option of purchasing benefits for you and your family. This guide describes those benefits, explains your election options and includes the forms you need (beginning on page 29) to enroll you and your family.

Please review the information in this guide and if you need more detail, contact the resources listed in the Resource Directory section or refer to *Your King County Benefits*, available at www.kingcounty.gov/employees/benefits or from Benefits, Payroll and Retirement Operations.

Return your enrollment forms ***within 30 days of your hire date*** (the first day you report to work) or your qualification date, whichever is later, to:

King County Benefits, Payroll and Retirement Operations
The Chinook Building, CNK-ES-0300
401 Fifth Avenue
Seattle, WA 98104

If you don't return your forms ***within 30 days of your hire date*** or qualification date, whichever is later, you won't be eligible to enroll again until the next open enrollment, or if you're not enrolling now because you have coverage through another employer or family member, until you lose the other coverage.

This guide isn't a complete description of each benefit plan. If you have questions about specific plan details, please refer to *Your King County Benefits* or contact the resources listed in the Resource Directory. We've made every attempt to ensure the accuracy of this information. However, if there is any discrepancy between the benefit descriptions and the insurance contracts or other legal documents, the legal documents will always govern. King County intends to continue benefit plans indefinitely, but reserves the right to amend or terminate them at any time in whole or in part, for any reason, according to the amendment and termination procedures described in the legal documents. King County, as plan administrator, has the sole discretionary authority to determine eligibility for benefits and to construe the terms of the plans. This information doesn't create a contract of employment between King County and any employee.

Call 206-684-1556 for alternate formats.

Table of Contents

An Overview of Part-Time Local 587 Benefit Plans.....	3
▶ Partial Benefits Plan.....	3
▶ Full Benefits Plan	3
Seven Key Points.....	4
Benefits to Consider.....	5
▶ Do you want medical coverage?	5
▶ Monthly cost of medical	15
▶ Do you want dental coverage?	15
▶ Monthly cost of dental	17
▶ Do you want vision coverage?	17
▶ Monthly cost of vision.....	18
▶ Who are the eligible dependents you want to cover?	18
▶ Do you want supplemental life insurance?.....	19
▶ Do you want supplemental AD&D insurance?	20
▶ Do you want supplemental LTD insurance?	21
▶ Who are your insurance beneficiaries?.....	21
▶ Do you want your premiums deducted before or after taxes are withheld?	22
▶ Do you want to participate in a Flexible Spending Account?	22
If You Leave Employment	23
HIPAA Special Enrollment Rights	23
▶ Examples of events that qualify you for HIPAA special enrollment rights	24
▶ Special enrollment rights under the 2009 Children's Health Insurance Program.....	24
▶ Plan Notification	24
HIPAA Notice of Privacy Practices.....	24
▶ Our obligations.....	24
▶ How we may use and disclose protected health information	25
▶ Your rights	25
▶ Changes to our privacy practices.....	25
▶ Complaints.....	26
Resource Directory	26
PT 587 Partial Benefits Plan Enrollment Form.....	29
Dependent Enrollment Form	31
Affidavit of Marriage/ Domestic Partnership	33
Aetna Life Insurance Company Designation of Beneficiary	35
CIGNA Group Insurance Beneficiary Designation.....	37

An Overview of Part-Time Local 587 Benefit Plans

The following information is provided to help you understand the basics of the two plans that are available to part-time transit operators. You are provided enrollment materials for each plan as you become eligible. Contact your base chief if you have questions regarding your eligibility.

► Partial Benefits Plan

You become eligible for the Partial Benefits Plan on the first of the month following your hire date or qualification date, whichever is later. Your qualification and hire dates are determined by your department. If the later of your hire date or qualification date is the first of the month, you become eligible that same day.

Under the Partial Benefits Plan, you may purchase medical, dental and vision coverage for you and the eligible dependents (spouse/domestic partner and children) you enroll. Your own medical, dental and vision coverage is partially subsidized by the county, but dependent coverage isn't. To cover dependents, you must purchase medical coverage for yourself.

You must purchase medical coverage to receive dental coverage. You may purchase vision coverage without purchasing medical coverage. If you purchase medical coverage, you receive fully paid basic life, basic accidental death and dismemberment (AD&D) and basic long-term disability (LTD) insurance, and you may elect supplemental life and supplemental AD&D insurance for you and your eligible dependents and supplemental LTD for you.

► Full Benefits Plan

You become eligible for the Full Benefits Plan when:

- You select a work assignment of 4 or more hours during any pick from August 2009 through 2012 (your fully paid benefits begin on the first day of the month after you work the 4 or more hour assignment and extend through December 31, 2012)
- You receive 1,019 or more paid hours in the 26 pay periods ending with the pay period that includes July 31 in 2009, 2010 or 2011 (your fully paid benefits begin on January 1 of the year after you qualify and extend through December 31, 2012).

Under the Full Benefits Plan, you receive county-paid medical, dental and vision coverage for you and the eligible dependents you enroll, plus basic life, basic AD&D and basic LTD insurance for you. You may elect supplemental AD&D insurance for you and your eligible dependents or change the amount of any supplemental AD&D insurance you have under the Partial Benefits Plan, and you may continue supplemental life and supplemental LTD insurance you already have under the Partial Benefits Plan. If you did not elect supplemental life and supplemental LTD insurance under the Partial Benefits Plan, you must wait until:

- a qualifying life event or you qualify as a full-time transit operator to add or increase supplemental life insurance
- you qualify as a full-time transit operator to add supplemental LTD insurance.

If you and your spouse/domestic partner are both county employees, you may not cover each other as a dependent under your medical, dental and vision coverage or under your supplemental life and supplemental AD&D insurance.

Eligibility for the Full Benefits Plan is based on working sufficient hours as determined by an agreement between King County Metro Transit and Amalgamated Transit Union Local 587. If you have any questions regarding eligibility for the Full Benefits Plan, you need to discuss them with your base chief.

Seven Key Points

- 1.** Under the Partial Benefits Plan, you may purchase medical, dental and vision coverage for you and your eligible dependents. If you purchase medical, you receive county-paid basic life, basic accidental death and dismemberment (AD&D) and basic long-term disability (LTD) insurance, and you may purchase dental for you and your dependents, supplemental life and AD&D for you and your dependents and supplemental LTD for you. King County pays a portion of your monthly medical, dental and vision plan premiums, but you pay the full cost of dependent coverage.
- 2.** If you don't return your enrollment forms to Benefits, Payroll and Retirement Operations ***within 30 days of your hire date*** (the first day you report to work) or your qualification date, whichever is later, you won't be eligible to enroll in the Partial Benefits Plan again until the next open enrollment, or if you're not enrolling now because you have coverage through another employer or family member, until you lose the other coverage.
- 3.** If you enroll under the Partial Benefits Plan, your benefit coverage begins the first calendar day of the month following your hire date or qualification date, whichever is later. However, if the later of your hire date or qualification date is the first calendar day of the month, your coverage begins the same day.
- 4.** It takes several weeks to process your enrollment and issue your medical card (no cards are issued for dental or vision). If you don't receive your medical card within 30 days, contact your medical plan. If you have difficulty getting services, contact Benefits, Payroll and Retirement Operations.
- 5.** Open enrollment every November lets you change coverage effective the following January. You may:
 - Elect coverage you've previously declined or discontinued (except for supplemental life and supplemental LTD insurance)
 - Change medical plans
 - Add eligible dependents not previously covered
 - Change how your monthly premiums are deducted from your paycheck (before-tax or after-tax—see page 22).
- 6.** If you're enrolled in the Partial Benefits Plan, you may make certain changes to your coverage between open enrollments. Generally, you must notify Benefits, Payroll and Retirement Operations within 30 days of the event prompting the change. Change forms provide more details and are available at www.kingcounty.gov/employees/benefits. Between open enrollments, you may:
 - Discontinue coverage if you pay premiums after-tax
 - Discontinue coverage for dependents anytime if you pay premiums after-tax
 - Discontinue coverage for dependents after a qualifying event occurs if you pay premiums before-tax or after-tax
 - Add eligible family members for coverage if you have a qualifying life event, such as:
 - Birth or placement for adoption of a child
 - Placement of a legal ward
 - A Qualified Medical Child Support Order
 - Marriage or establishment of a domestic partnership
 - A significant change in your spouse/domestic partner's employer-sponsored coverage
 - Elect coverage if you lose other coverage and contact Benefits, Payroll and Retirement Operations within 30 days of the loss of coverage
 - Request continuation of coverage for a child past age 25 if the child is currently enrolled under your plans, incapacitated due to developmental or physical disability and chiefly dependent on you for support.
- 7.** Questions? Please contact the resources listed in the Resource Directory section of this guide or refer to *Your King County Benefits*, available at www.kingcounty.gov/employees/benefits or from Benefits, Payroll and Retirement Operations.

Benefits to Consider

If you decide to enroll, you must submit your Partial Benefits Plan enrollment forms to Benefits, Payroll and Retirement Operations ***within 30 days of your hire date*** (the first day you report to work) or your qualification date, whichever is later,.

► Do you want medical coverage?

You may choose from two medical plan options. The option you elect is also the option your eligible dependents receive if you cover them.

If you and your spouse/domestic partner are both county employees, you may not cover each other as a dependent under your medical, dental and vision coverage or under your supplemental life and supplemental accidental death and dismemberment (AD&D) insurance. However, each of you may cover your children for medical, dental and vision benefits.

The following two tables summarize the features and covered expenses of your two medical plan options: KingCareSM and Group Health. There are three levels of out-of-pocket expenses:

- Gold, the lowest level of out-of-pocket expenses
- Silver, a higher level of out-of-pocket expenses
- Bronze, the highest level of out-of-pocket expenses.

Your out-of-pocket expense level is determined by your participation in the county's Healthy IncentivesSM program. By taking a wellness assessment by January 31 and completing an individual action plan by June 30 each year, you receive the gold out-of-pocket expense level for your medical benefits in the following year. If you only take the wellness assessment by June 30, you receive the silver out-of-pocket expense level. If you don't participate in the Healthy IncentivesSM program at all, you receive the bronze out-of-pocket expense level.

If you cover a spouse/domestic partner under your county medical plan, the combined participation of both you and your spouse/domestic partner determines the out-of-pocket expense level for your family in the following year:

- If you and your spouse/domestic partner both take the wellness assessment by January 31 and complete an individual action plan by June 30, your family will receive the gold out-of-pocket expense level.
- If you both take the wellness assessment by January 31 but one of you does not complete an individual action plan by June 30, your family will receive the silver out-of-pocket expense level.
- If one of you does not take the wellness assessment at all, your family will receive the bronze out-of-pocket expense level.

Please note that two separate companies process claims for the KingCareSM plans. If you choose the KingCareSM plan, you receive a medical card from Aetna to use for all medical claims (physician visits, hospital, lab work, etc.) and a prescription card from Express Scripts to use for all outpatient, retail pharmacy and mail-order prescription drug claims.

Plan Feature	KingCare SM Gold	KingCare SM Silver	KingCare SM Bronze
<i>Provider choice</i>	<p>You may choose any qualified provider, but you receive higher coverage when you use network providers.</p> <p>Reimbursement for out-of-network medical services is based on reasonable and customary (R&C) rates, and reimbursement for out-of-network prescription drug services is based on the rates Express Scripts pays its network pharmacies. You pay amounts in excess of these rates.</p>		
<i>Annual deductible</i>	<p>\$300/person; \$900/family</p> <p>Deductible amounts applied to charges incurred in the last three months of the calendar year are carried over and applied to the next year's deductible.</p> <p>The deductible doesn't apply to prescription drugs, preventive care or hearing aids.</p>	<p>\$600/person; \$1,800/family</p> <p>Deductible amounts applied to charges incurred in the last three months of the calendar year are carried over and applied to the next year's deductible.</p> <p>The deductible doesn't apply to prescription drugs, preventive care or hearing aids.</p>	<p>\$800/person; \$2,400/family</p> <p>Deductible amounts applied to charges incurred in the last three months of the calendar year are carried over and applied to the next year's deductible.</p> <p>The deductible doesn't apply to prescription drugs, preventive care or hearing aids.</p>
<i>Copays</i>	Applicable only to emergency room care and prescription drugs		
<i>After the deductible/copays, the plan pays most covered services at these levels until you reach the annual out-of-pocket maximum</i>	<p>Network: 85% (You pay 15% coinsurance)</p> <p>Out-of-network: 65% (You pay 35% coinsurance)</p> <p>100% of network rate after applicable copays for prescription drug claims (Deductible doesn't apply)</p>	<p>Network: 75% (You pay 25% coinsurance)</p> <p>Out-of-network: 55% (You pay 45% coinsurance)</p> <p>100% of network rate after applicable copays for prescription drug claims (Deductible doesn't apply)</p>	<p>Network: 75% (You pay 25% coinsurance)</p> <p>Out-of-network: 55% (You pay 45% coinsurance)</p> <p>100% of network rate after applicable copays for prescription drug claims (Deductible doesn't apply)</p>
<i>Annual out-of-pocket maximum for medical services</i>	<p>Network: \$800/person or \$1,600/family, plus deductible</p> <p>Out-of-network: \$1,600/person or \$3,200/family, plus deductible</p> <p>Doesn't apply to prescriptions</p>	<p>Network: \$1,000/ person or \$2,000/ family, plus deductible</p> <p>Out-of-network: \$1,800/ person or \$3,600/ family, plus deductible</p> <p>Doesn't apply to prescriptions</p>	<p>Network: \$1,200/ person or \$2,400/ family, plus deductible</p> <p>Out-of-network: \$2,000/person or \$4,000/family, plus deductible</p> <p>Doesn't apply to prescriptions</p>
<i>Annual out-of-pocket maximum for prescription drugs</i>	\$1,500/person or \$3,000/family		
<i>After you reach the out-of-pocket maximum for medical services, most benefits are paid for the rest of the calendar year at this level</i>	<p>Network: 100%</p> <p>Out-of-network: 100% of R&C charges</p>		
<i>Lifetime maximum</i>	\$2,000,000	\$2,000,000	\$2,000,000

Covered Expenses	KingCare SM Gold	KingCare SM Silver	KingCare SM Bronze
<i>Alternative care (including medically necessary acupuncture, hypnotherapy and massage therapy)</i>	Network: 85% Out-of-network: 65% Massage therapy must be prescribed by a physician. A total of 60 covered visits/year (may include any combination of acupuncture, hypnotherapy and/or massage therapy visits)	Network: 75% Out-of-network: 55% Massage therapy must be prescribed by a physician. A total of 60 covered visits/year (may include any combination of acupuncture, hypnotherapy and/or massage therapy visits)	Network: 75% Out-of-network: 55% Massage therapy must be prescribed by a physician. A total of 60 covered visits/year (may include any combination of acupuncture, hypnotherapy and/or massage therapy visits)
<i>Ambulance services</i>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
<i>Chemical dependency treatment (requires preauthorization)</i>	Network: 100% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
<i>Chiropractic care and manipulative therapy (like all services, must be medically necessary)</i>	Network: 85% Out-of-network: 65% Up to 33 visits/year for combined network and out-of-network services Limited to diagnosis and treatment of musculoskeletal disorders	Network: 75% Out-of-network: 55% Up to 33 visits/year for combined network and out-of-network services Limited to diagnosis and treatment of musculoskeletal disorders	Network: 75% Out-of-network: 55% Up to 33 visits/year for combined network and out-of-network services Limited to diagnosis and treatment of musculoskeletal disorders
<i>Diabetes care training</i>	Network: 85% when prescribed by your physician Out-of-network: 65% when prescribed by your physician	Network: 75% when prescribed by your physician Out-of-network: 55% when prescribed by your physician	Network: 75% when prescribed by your physician Out-of-network: 55% when prescribed by your physician
<i>Diabetes supplies (insulin, needles, syringes, lancets, etc.)</i>	Covered under prescription drugs		
<i>Durable medical equipment, prosthetics and orthopedic appliances</i>	Network: 85% Out-of-network: 65% Preauthorization required for expense of \$1,000 or more	Network: 75% Out-of-network: 55% Preauthorization required for expense of \$1,000 or more	Network: 75% Out-of-network: 55% Preauthorization required for expense of \$1,000 or more
<i>Emergency room care (Also see "Urgent Care")</i>	Emergency care, network: 85% after \$100 copay/visit (waived if admitted) Emergency care, out-of-network: 85% after \$100 copay/visit (waived if admitted) Non-emergency care, network: 65% after \$100 copay/visit Non-emergency care, out-of-network: 65% after \$100 copay/visit	Emergency care, network: 75% after \$100 copay/visit (waived if admitted) Emergency care, out-of-network: 75% after \$100 copay/visit (waived if admitted) Non-emergency care, network: 55% after \$100 copay/visit Non-emergency care, out-of-network: 55% after \$100 copay/visit	Emergency care, network: 75% after \$100 copay/visit (waived if admitted) Emergency care, out-of-network: 75% after \$100 copay/visit (waived if admitted) Non-emergency care, network: 55% after \$100 copay/visit Non-emergency care, out-of-network: 55% after \$100 copay/visit
<i>Family planning</i>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%

Covered Expenses	KingCare SM Gold	KingCare SM Silver	KingCare SM Bronze
<i>Growth hormones</i>	Network: 85% when preauthorized Out-of-network: 65% when preauthorized May also be covered under the prescription drug benefit	Network: 75% when preauthorized Out-of-network: 55% when preauthorized May also be covered under the prescription drug benefit	Network: 75% when preauthorized Out-of-network: 55% when preauthorized May also be covered under the prescription drug benefit
<i>Hearing aids</i>	100%, up to \$500 in 36 months for combined network and out-of-network services Deductible doesn't apply		
<i>Home health care</i>	100% when preauthorized, up to 130 visits/year for combined network and out-of-network services		
<i>Hospice care</i>	100% when preauthorized 12-month lifetime maximum 120-hour maximum for respite care in any 3-month period 12-month maximum for bereavement services		
<i>Hospital care</i>	Network: 85% when preauthorized Out-of-network: 65% when preauthorized	Network: 75% when preauthorized Out-of-network: 55% when preauthorized	Network: 75% when preauthorized Out-of-network: 55% when preauthorized
<i>Infertility</i>	Network: 85% Out-of-network: 65% Limited to specific services and \$25,000 lifetime maximum for combined network and out-of-network services	Network: 75% Out-of-network: 55% Limited to specific services and \$25,000 lifetime maximum for combined network and out-of-network services	Network: 75% Out-of-network: 55% Limited to specific services and \$25,000 lifetime maximum for combined network and out-of-network services
<i>Injury to teeth</i>	Network: 85% Out-of-network: 65% Up to \$600/accident for combined network and out-of-network services	Network: 75% Out-of-network: 55% Up to \$600/accident for combined network and out-of-network services	Network: 75% Out-of-network: 55% Up to \$600/accident for combined network and out-of-network services
<i>Inpatient care alternatives</i>	Network: 85% when preauthorized Out-of-network: 65% when preauthorized	Network: 75% when preauthorized Out-of-network: 55% when preauthorized	Network: 75% when preauthorized Out-of-network: 55% when preauthorized
<i>Jaw abnormalities, or malocclusions (covered when medically necessary)</i>	Network: 85% when preauthorized Out-of-network: 65% when preauthorized	Network: 75% when preauthorized Out-of-network: 55% when preauthorized	Network: 75% when preauthorized Out-of-network: 55% when preauthorized
<i>Lab, X-ray and other diagnostic testing</i>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
<i>Maternity care</i>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
<i>Mental health care (requires preauthorization)</i>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
<i>Naturopathy</i>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%

Covered Expenses	KingCare SM Gold	KingCare SM Silver	KingCare SM Bronze
Neurodevelopmental therapy for covered dependents age 6 and under	Network: 85% when preauthorized Out-of-network: 65% when preauthorized Up to \$2,000/year for combined network and out-of-network services	Network: 75% when preauthorized Out-of-network: 55% when preauthorized Up to \$2,000/year for combined network and out-of-network services	Network: 75% when preauthorized Out-of-network: 55% when preauthorized Up to \$2,000/year for combined network and out-of-network services
Obesity surgery or other procedures, treatment or services, such as gastric intestinal bypass surgery	Network: 85% when preauthorized and medically necessary Out-of-network: 65% when preauthorized and medically necessary Successful completion of a physician-supervised weight management and exercise program required before preauthorization	Network: 75% when preauthorized and medically necessary Out-of-network: 55% when preauthorized and medically necessary Successful completion of a physician-supervised weight management and exercise program required before preauthorization	Network: 75% when preauthorized and medically necessary Out-of-network: 55% when preauthorized and medically necessary Successful completion of a physician-supervised weight management and exercise program required before preauthorization
Out-of-area coverage—for example, while traveling or for your covered children away at school	Same coverage as when home, through Aetna and Express Scripts national provider networks		
Phenylketonuria (PKU) formula	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
Physician and other medical/surgical services	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
Prescription drugs—Up to a 30-day supply through network pharmacies	Generic: 100% after \$7 copay Preferred brand: 100% after \$30 copay (if a generic is available and your physician certifies you're unable to take it for medical reasons, you only pay a \$22 copay) Non-preferred brand: 100% after \$60 copay (if a generic is available and your physician certifies you're unable to take it for medical reasons, you only pay a \$45 copay) Prescriptions filled at out-of-network pharmacies are reimbursed at the rate Express Scripts pays to network pharmacies, less your copay.		
Prescription drugs—Up to a 90-day supply through mail-order network only	Generic: 100% after \$14 copay Preferred brand: 100% after \$60 copay (if a generic is available and your physician certifies you're unable to take it for medical reasons, you only pay a \$44 copay) Non-preferred brand: 100% after \$120 copay (if a generic is available and your physician certifies you're unable to take it for medical reasons, you only pay a \$90 copay)		
Preventive care (well-child check-ups, immunizations, routine health and hearing exams, etc.)	Network: 100% Out-of-network: 65% Deductible doesn't apply	Network: 100% Out-of-network: 55% Deductible doesn't apply	Network: 100% Out-of-network: 55% Deductible doesn't apply
Radiation therapy, chemotherapy and respiratory therapy	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%

Covered Expenses	KingCare SM Gold	KingCare SM Silver	KingCare SM Bronze
<i>Reconstructive services (includes benefits for mastectomy-related services; reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from mastectomy, including lymphedema)—Call plan for more information.</i>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
<i>Rehabilitative services—Inpatient and outpatient</i>	Network: 85% Out-of-network: 65% <i>Inpatient:</i> Up to 60 days/year <i>Outpatient:</i> Up to 60 visits/all therapies combined (progress review every 20 visits for out-of-network outpatient)	Network: 75% Out-of-network: 55% <i>Inpatient:</i> Up to 60 days/year <i>Outpatient:</i> Up to 60 visits/all therapies combined (progress review every 20 visits for out-of-network outpatient)	Network: 75% Out-of-network: 55% <i>Inpatient:</i> Up to 60 days/year <i>Outpatient:</i> Up to 60 visits/all therapies combined (progress review every 20 visits for out-of-network outpatient)
<i>Skilled nursing facility</i>	Network: 85% when preauthorized Out-of-network: 65% when preauthorized	Network: 75% when preauthorized Out-of-network: 55% when preauthorized	Network: 75% when preauthorized Out-of-network: 55% when preauthorized
<i>Smoking cessation</i>	Network: 100% Out-of-network: 65% Prescription drugs to ease nicotine withdrawal, inhalers and sprays are covered by Express Scripts at 100% (no copay); non-prescription nicotine patches, lozenges and gum are covered by Aetna at 100%.	Network: 100% Out-of-network: 55% Prescription drugs to ease nicotine withdrawal, inhalers and sprays are covered by Express Scripts at 100% (no copay); non-prescription nicotine patches, lozenges and gum are covered by Aetna at 100%.	Network: 100% Out-of-network: 55% Prescription drugs to ease nicotine withdrawal, inhalers and sprays are covered by Express Scripts at 100% (no copay); non-prescription nicotine patches, lozenges and gum are covered by Aetna at 100%.
<i>Temporomandibular joint (TMJ) disorders</i>	Network: 85% when preauthorized Out-of-network: 65% when preauthorized Night guards are covered if prescribed by a medical doctor for a TMJ disorder. Up to \$2,000/year for combined network and out-of-network services	Network: 75% when preauthorized Out-of-network: 55% when preauthorized Night guards are covered if prescribed by a medical doctor for a TMJ disorder. Up to \$2,000/year for combined network and out-of-network services	Network: 75% when preauthorized Out-of-network: 55% when preauthorized Night guards are covered if prescribed by a medical doctor for a TMJ disorder. Up to \$2,000/year for combined network and out-of-network services
<i>Transplants (certain services only)</i>	Network: 100% when preauthorized Out-of-network: 65% when preauthorized Medical coverage must have been continuous for more than 12 months under KingCare SM before a transplant will be covered.	Network: 100% when preauthorized Out-of-network: 55% when preauthorized Medical coverage must have been continuous for more than 12 months under KingCare SM before a transplant will be covered.	Network: 100% when preauthorized Out-of-network: 55% when preauthorized Medical coverage must have been continuous for more than 12 months under KingCare SM before a transplant will be covered.
<i>Urgent care (ear infections, high fevers, minor burns, etc.)</i>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%

Group Health

Plan Feature	Group Health Gold	Group Health Silver	Group Health Bronze
Provider choice	You choose a Group Health primary care physician (PCP), who provides and coordinates most of your care through the Group Health network; you may also self-refer to Group Health staff specialists. There's no coverage for out-of-network care unless indicated and approved/referred.		
Annual deductible	None		
Copay, unless otherwise indicated	You pay \$20	You pay \$35	You pay \$50
After copays, the plan pays most covered services at these levels until you reach the annual out-of-pocket maximum	Network: 100% Out-of-network: Limited emergency/out-of-area care		
Annual out-of-pocket maximum	Network: \$1,000/ person or \$2,000/ family Out-of-network: Limited emergency/out-of-area care	Network: \$2,000/ person or \$4,000/ family Out-of-network: Limited emergency/out-of-area care	Network: \$3,000/ person or \$6,000/ family Out-of-network: Limited emergency/out-of-area care
After you reach the annual out-of-pocket maximum, most benefits are paid for the rest of the calendar year at this level	Network only: 100%		
Lifetime maximum	No limit		

Covered Expenses	Group Health Gold	Group Health Silver	Group Health Bronze
Alternative care (including medically necessary acupuncture, massage therapy and naturopathy)	Self-referrals to a network provider: \$20 copay/visit Up to 8 visits/medical diagnosis/calendar year for acupuncture Up to 3 visits/medical diagnosis/calendar year for naturopathy, except for chiropractic services All other alternative care requires PCP referral.	Self-referrals to a network provider: \$35 copay/visit Up to 8 visits/medical diagnosis/calendar year for acupuncture Up to 3 visits/medical diagnosis/calendar year for naturopathy, except for chiropractic services All other alternative care requires PCP referral.	Self-referrals to a network provider: \$50 copay/visit Up to 8 visits/medical diagnosis/calendar year for acupuncture Up to 3 visits/medical diagnosis/calendar year for naturopathy, except for chiropractic services All other alternative care requires PCP referral.
Ambulance services	80% (except hospital-to-hospital ground transfers, which are covered at 100% when initiated by Group Health)		
Chemical dependency treatment (requires preauthorization)	<i>For inpatient care:</i> 100% after \$200 copay/admission <i>For outpatient care:</i> 100% after \$20 copay/visit	<i>For inpatient care:</i> 100% after \$400 copay/admission <i>For outpatient care:</i> 100% after \$35 copay/visit	<i>For inpatient care:</i> 100% after \$600 copay/admission <i>For outpatient care:</i> 100% after \$50 copay/visit
Chiropractic care and manipulative therapy (like all services, must be medically necessary)	100% after \$20 copay/visit	100% after \$35 copay/visit	100% after \$50 copay/visit
Diabetes care training	100% after \$20 copay/visit	100% after \$35 copay/visit	100% after \$50 copay/visit
Diabetes supplies (insulin, needles, syringes, lancets, etc.)	Covered under prescription drugs	Covered under prescription drugs	Covered under prescription drugs

Covered Expenses	Group Health Gold	Group Health Silver	Group Health Bronze
Durable medical equipment, prosthetics and orthopedic appliances	80% when preauthorized	50% when preauthorized	50% when preauthorized
Emergency room care	<p>Network: 100% after \$100 copay/visit (\$100 copay is waived, but \$200 copay/admission for hospital care applies if admitted)</p> <p>Out-of-network: 100% of reasonable and customary expenses after \$150 copay/visit (\$150 copay is waived but \$200 copay/admission for hospital care applies if admitted)</p> <p>Non-emergency care is not covered.</p>	<p>Network: 100% after \$100 copay/visit (\$100 copay is waived, but \$400 copay/admission for hospital care applies if admitted)</p> <p>Out-of-network: 100% of reasonable and customary expenses after \$150 copay/visit (\$150 copay is waived, but \$400 copay/admission for hospital care applies if admitted)</p> <p>Non-emergency care is not covered.</p>	<p>Network: 100% after \$100 copay/visit (\$100 copay is waived, but \$600 copay/admission for hospital care applies if admitted)</p> <p>Out-of-network: 100% of reasonable and customary expenses after \$150 copay/visit (\$150 copay is waived, but \$600 copay/admission for hospital care applies if admitted)</p> <p>Non-emergency care is not covered.</p>
Family planning	<p>100% after \$20 copay/visit</p> <p>Infertility treatment is not covered.</p>	<p>100% after \$35 copay/visit</p> <p>Infertility treatment is not covered.</p>	<p>100% after \$50 copay/visit</p> <p>Infertility treatment is not covered.</p>
Growth hormones	Covered under prescription drugs if medical coverage has been continuous for more than 12 months under this plan whether or not the growth disorder existed before plan coverage		
Hearing aids	100%, up to \$300/ear in 36 months		
Home health care	100%		
Hospice care	100% when preauthorized Certain limits apply; call plan for details.		
Hospital care	100% after \$200 copay/admission	100% after \$400 copay/admission	100% after \$600 copay/admission
Inpatient care alternatives	100% when preauthorized		
Lab, X-ray and other diagnostic testing	100%		
Maternity care	<p><i>For delivery and related hospital care:</i> 100% after \$200 copay/admission</p> <p><i>For prenatal and postpartum care:</i> 100% after \$20 copay/visit</p>	<p><i>For delivery and related hospital care:</i> 100% after \$400 copay/admission</p> <p><i>For prenatal and postpartum care:</i> 100% after \$35 copay/visit</p>	<p><i>For delivery and related hospital care:</i> 100% after \$800 copay/admission</p> <p><i>For prenatal and postpartum care:</i> 100% after \$50 copay/visit</p>
Mental health care (requires preauthorization)	<p><i>For inpatient care:</i> 100% after \$200 copay per admission</p> <p><i>For outpatient care:</i> 100% after \$20 copay/individual, family, couple or group session</p>	<p><i>For inpatient care:</i> 100% after \$400 copay per admission</p> <p><i>For outpatient care:</i> 100% after \$35 copay/individual, family, couple or group session</p>	<p><i>For inpatient care:</i> 100% after \$600 copay per admission</p> <p><i>For outpatient care:</i> 100% after \$50 copay/individual, family, couple or group session</p>

Covered Expenses	Group Health Gold	Group Health Silver	Group Health Bronze
Neurodevelopmental therapy for covered dependents age 6 and under	<p><i>For inpatient care:</i> 100% after \$200 copay/admission, up to 60 days/year (combined with rehabilitative services)</p> <p><i>For outpatient care:</i> 100% after \$20 copay/visit, up to 60 visits/year (combined with rehabilitative services)</p>	<p><i>For inpatient care:</i> 100% after \$400 copay/admission, up to 60 days/year (combined with rehabilitative services)</p> <p><i>For outpatient care:</i> 100% after \$35 copay/visit, up to 60 visits/year (combined with rehabilitative services)</p>	<p><i>For inpatient care:</i> 100% after \$600 copay/admission, up to 60 days/year (combined with rehabilitative services)</p> <p><i>For outpatient care:</i> 100% after \$50 copay/visit, up to 60 visits/year (combined with rehabilitative services)</p>
Out-of-area coverage—for example, while traveling or for your covered children away at school	Reciprocal benefits are available through Kaiser Permanente and affiliated HMOs; otherwise, only emergency services are covered out of area.		
Phenylketonuria (PKU) formula	100%		
Physician and other medical/surgical services	<p><i>For inpatient care:</i> 100%</p> <p><i>For outpatient care:</i> 100% after \$20 copay/office visit</p>	<p><i>For inpatient care:</i> 100%</p> <p><i>For outpatient care:</i> 100% after \$35 copay/office visit</p>	<p><i>For inpatient care:</i> 100%</p> <p><i>For outpatient care:</i> 100% after \$50 copay/office visit</p>
Prescription drugs—Up to a 30-day supply through network pharmacies	<p>Generic: 100% after \$10 copay</p> <p>Preferred brand: 100% after \$20 copay</p> <p>Non-preferred brand: 100% after \$30 copay</p> <p>Growth hormones: 100%</p> <p>There's no reimbursement for prescriptions filled at out-of-network or out-of-area pharmacies.</p>		
Prescription drug—Up to a 90-day supply through mail-order network only	<p>Generic: 100% after \$20 copay</p> <p>Preferred brand: 100% after \$40 copay</p> <p>Non-preferred brand: 100% after \$60 copay</p>		
Preventive care (well-child check-ups, immunizations, routine health and hearing exams. etc.)	100% (according to well-child/adult preventive schedule)	100% (according to well-child/adult preventive schedule)	100% (according to well-child/adult preventive schedule)
Radiation therapy, chemotherapy and respiratory therapy	100% after \$20 copay/visit	100% after \$35 copay/visit	100% after \$50 copay/visit
Reconstructive services (includes benefits for mastectomy-related services; reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from mastectomy, including lymphedema)—Call plan for more information.	100% depending on services provided; copays may apply (including \$200 copay/admission if hospital care is required)	100% depending on services provided; copays may apply (including \$400 copay/admission if hospital care is required)	100% depending on services provided; copays may apply (including \$600 copay/admission if hospital care is required)

Covered Expenses	Group Health Gold	Group Health Silver	Group Health Bronze
Rehabilitative services— Inpatient and outpatient	<p><i>For inpatient care:</i> 100% after \$200 copay/admission, up to 60 days/calendar year (combined with neurodevelopmental therapy)</p> <p><i>For outpatient care:</i> 100% after \$20 copay/visit, up to 60 visits/calendar year (combined with neurodevelopmental therapy)</p>	<p><i>For inpatient care:</i> 100% after \$400 copay/admission, up to 60 days/calendar year (combined with neurodevelopmental therapy)</p> <p><i>For outpatient care:</i> 100% after \$35 copay/visit, up to 60 visits/calendar year (combined with neurodevelopmental therapy)</p>	<p><i>For inpatient care:</i> 100% after \$600 copay/admission, up to 60 days/calendar year (combined with neurodevelopmental therapy)</p> <p><i>For outpatient care:</i> 100% after \$50 copay/visit, up to 60 visits/calendar year (combined with neurodevelopmental therapy)</p>
Skilled nursing facility	100% up to 60 days/calendar year at a Group Health-approved nursing facility		
Smoking cessation	<p>100% for nicotine replacement therapy (including gum, patches or prescription medication) through the Group Health-designated tobacco cessation program, Free & Clear® Quit for Life™ Program, when prescribed by Group Health PCP</p> <p>No annual or lifetime limit</p>		
Temporomandibular joint (TMJ) disorders	<p><i>For inpatient care:</i> 100% after \$200 copay/admission</p> <p><i>For outpatient care:</i> 100% after \$20 copay/visit</p> <p>Up to \$1,000/calendar year and a \$5,000 lifetime maximum</p>	<p><i>For inpatient care:</i> 100% after \$400 copay/admission</p> <p><i>For outpatient care:</i> 100% after \$35 copay/visit</p> <p>Up to \$1,000/calendar year and a \$5,000 lifetime maximum</p>	<p><i>For inpatient care:</i> 100% after \$600 copay/admission</p> <p><i>For outpatient care:</i> 100% after \$50 copay/visit</p> <p>Up to \$1,000/calendar year and a \$5,000 lifetime maximum</p>
Transplants (certain services only)	<p>100% after applicable copays</p> <p>Medical coverage must have been continuous for more than 6 months under this plan before a transplant will be covered.</p>		
Urgent care (ear infections, high fevers, minor burns)	100% after \$20 copay/visit	100% after \$35 copay/visit	100% after \$50 copay/visit
Vision exams	100% after \$20 copay/visit, up to 1 exam/person in 12 consecutive months (Group Health covers exams only; your separate Vision Service Plan covers eye exams, prescription lenses and frames)	100% after \$35 copay/visit, up to 1 exam/person in 12 consecutive months (Group Health covers exams only; your separate Vision Service Plan covers eye exams, prescription lenses and frames)	100% after \$50 copay/visit, up to 1 exam/person in 12 consecutive months (Group Health covers exams only; your separate Vision Service Plan covers eye exams, prescription lenses and frames)

► Monthly cost of medical

The following table shows the monthly premiums for the two medical plan options. 2010 and 2009 premiums are shown so you can see how premiums compare year to year.

Sp = Spouse DP = Domestic Partner Ch = Children

Monthly Premiums	You Only	You + Sp	You + Ch	You + Sp/DP + Ch
KingCareSM Gold				
2010 (\$435.53 paid by county)	\$ 192.96	\$ 768.88	\$ 653.70	\$ 1,229.62
2009 (\$301.56 paid by county)	\$ 340.44	\$ 923.91	\$ 647.12	\$ 1,230.59
KingCareSM Silver				
2010 (\$400.49 paid by county)	\$ 192.96	\$ 768.88	\$ 653.70	\$ 1,229.62
2009 (\$266.05 paid by county)	\$ 340.44	\$ 923.91	\$ 647.12	\$ 1,230.59
KingCareSM Bronze				
2010 (\$371.29 paid by county)	\$ 192.96	\$ 768.88	\$ 653.70	\$ 1,229.62
2009 (\$236.46 paid by county)	\$ 340.44	\$ 923.91	\$ 647.12	\$ 1,230.59
Group Health Gold				
2010 (\$437.73 paid by county)	\$ 106.86	\$ 567.05	\$ 475.01	\$ 935.20
2009 (\$300.24 paid by county)	\$ 73.31	\$ 439.87	\$ 366.56	\$ 733.12
Group Health Silver				
2010 (\$405.51 paid by county)	\$ 106.86	\$ 567.05	\$ 475.01	\$ 935.20
2009 (\$277.63 paid by county)	\$ 73.31	\$ 439.87	\$ 366.56	\$ 733.12
Group Health Bronze				
2010 (\$376.86 paid by county)	\$ 106.86	\$ 567.05	\$ 475.01	\$ 935.20
2009 (\$257.53 paid by county)	\$ 73.31	\$ 439.87	\$ 366.56	\$ 733.12

► Do you want dental coverage?

You must elect medical coverage for at least yourself to elect dental coverage for you and your eligible dependents. Dental coverage is provided by Washington Dental Service. You can use any dentist you want (most dentists in Washington participate in the WDS plan), but the benefits are generally higher (your out-of-pocket expenses are lower) and the dentist automatically files your claim if you see a WDS dentist.

WDS increases your payment levels through an incentive program as long as you see your dentist each year:

- For diagnostic and preventive services as well as basic services, the payment level starts at 70% and increases 10% in January of each year until you reach 100% (if you don't see a dentist during the calendar year, your payment level is reduced to the next lower payment level, but never below 70%)
- For major restorative services, the payment level increases from 70% to 80%, then to 85%.

If you're a new county employee, coverage begins at the 70% incentive level—levels "earned" under another group plan don't apply to the county plan. However, incentive levels are adjusted based on previous participation in the county plan if you're a:

- Recalled or reinstated employee
- Rehired employee who's continued county coverage uninterrupted under COBRA between your previous county employment and rehire (if county coverage has been interrupted, new hire incentive levels apply).

Plan Feature	
Annual deductible (doesn't apply to diagnostic and preventive services, orthodontic services or accidental injuries)	\$25/person; \$75/family
Annual maximum benefit (doesn't apply to orthodontic or TMJ services)	\$2,500/person
Covered Expenses	Dental Plan Pays
Diagnostic and preventive services <ul style="list-style-type: none"> • Exam and cleaning, twice/calendar year • Oral health assessment • Periodontal cleaning and maintenance up to 4 times/calendar year (under certain oral health conditions) • Complete X-rays every 3 years • Supplementary bitewing X-rays, twice/calendar year 	70%–100% based on patient's incentive level (deductible doesn't apply)
Basic services <ul style="list-style-type: none"> • Crowns (stainless steel) • Extractions • Fillings • Periodontics • Root canals 	70%–100% based on patient's incentive level
Major services <ul style="list-style-type: none"> • Crowns (gold, porcelain) • Onlays • Periodontics—occlusal (night) guard 	70%–85% based on patient's incentive level 50% occlusal guard (incentive levels don't apply). Your medical plan may provide additional coverage.
Major services—Prosthodontics <ul style="list-style-type: none"> • Dentures • Fixed bridges • Implants 	70% (incentive levels don't apply)
Orthodontic services for adults and children	50% up to a \$2,500 lifetime maximum (deductible, incentive levels and annual maximums don't apply) Not more than \$1,250 will be paid during the initial stage of treatment; the remaining plan benefit is paid seven months after the initial stage if the covered participant still meets eligibility requirements.
Temporomandibular joint (TMJ) disorders	50% up to a \$500 lifetime maximum for non-surgical treatment and appliances (deductible, incentive levels and annual maximums don't apply). Your medical plan may provide additional coverage.
Accidental injury	100% for covered expenses incurred within 180 days of accident (deductible doesn't apply)

► Monthly cost of dental

The following table shows the monthly premiums for the WDS plan. 2010 and 2009 premiums are shown so you can see how premiums compare year to year.

Sp = Spouse DP = Domestic Partner Ch = Children

Monthly Premiums	You Only	You + Sp/DP	You + Ch	All
Washington Dental Service				
2010 (\$31.20 paid by county)	\$ 31.19	\$ 86.71	\$ 75.61	\$ 131.13
2009 (\$29.13 paid by county)	\$ 29.12	\$ 80.90	\$ 87.90	\$ 139.68

► Do you want vision coverage?

You may elect vision coverage without electing medical coverage. Vision coverage is provided by Vision Service Plan. You can use any eye care provider you want, but the benefits are generally higher (your out-of-pocket expenses are lower) and the provider automatically files your claim if you see a VSP provider. (Group Health provides routine vision exams under its medical plan, but none of the other vision benefits listed below. VSP providers may not accept a Group Health prescription for lenses.)

Vision Plan		
Covered Expenses	If you see a VSP provider, you pay a \$10 copay and the plan pays the amount listed below	If you see a non-VSP provider, you pay the bill in full and the plan reimburses you the amounts listed below, minus a \$10 copay
<i>Exam (once every 12 months)</i>	100%	Up to \$40
<i>Eyeglass lenses (one pair every 12 months)</i>		
• Single vision	100%	Up to \$40
• Lined bifocal	100%	Up to \$60
• Lined trifocal	100%	Up to \$80
• Progressive lenses	100%	Up to trifocal allowance of \$80
• Lenticular	100%	Up to \$125
• Polycarbonate lenses for children	100%	Not covered
• Anti-reflective coating	100%	Not covered
• Color/mirror coating	100%	Not covered
• Scratch coating	100%	Not covered
• Tints/photochromic lenses	100%	Up to \$5
• UV lenses	100%	Not covered
<i>Eyeglass frames (once every 24 months)</i>	Up to \$130; if you choose a frame that costs more than the VSP allowable amount, you'll receive 20% off your out-of-pocket cost	Up to \$45

Vision Plan		
<i>Contact lenses (once every 12 months in place of eyeglass lenses and frames)</i>		
<ul style="list-style-type: none"> Elective (Providers may bill you for contact lenses separately or they may include the lenses, fittings and follow-up fees in a single bill; all contact lens fees apply to the \$105 maximum paid by the plan) 	Up to \$105	Up to \$105
<ul style="list-style-type: none"> Medically necessary 	100% (Preauthorization required)	Up to \$210 (Preauthorization required)
<ul style="list-style-type: none"> Low-vision benefit 	75% up to \$1,000 (Preauthorization required)	75% up to \$1,000 (Preauthorization required)

► Monthly cost of vision

The following table shows the monthly premiums for the VSP plan. 2010 and 2009 premiums are shown so you can see how premiums compare year to year.

Sp = Spouse DP = Domestic Partner Ch = Children

Monthly Premiums	You Only	You + Sp/DP	You + Ch	All
Vision Service Plan				
2010 (\$5.68 paid by county)	\$ 5.68	\$ 15.54	\$ 13.57	\$ 23.43
2009 (\$5.22 paid by county)	\$ 5.22	\$ 14.16	\$ 13.18	\$ 22.12

► Who are the eligible dependents you want to cover?

List the dependents you want to cover under your benefit plans on the Dependent Enrollment Form (page 31). Parents and other relatives who aren't members of your immediate family aren't eligible for coverage, but the following dependents are (if you enroll them):

- Your spouse/domestic partner (attach a copy of your marriage certificate or complete and return the Affidavit of Marriage/Domestic Partnership, page 33)
- Your unmarried children or your spouse/domestic partner's unmarried children if they are under age 25 and dependent on you for more than 50% support and maintenance. They may be your:
 - Biological children
 - Adopted children (or children legally placed with you for adoption or for whom you assume total or partial legal obligation for support in anticipation of adoption)
 - Stepchildren
 - Legally designated wards (legally placed foster children, children placed with you as legal guardian or children named in a Qualified Medical Child Support Order; attach appropriate documentation).

If you don't add eligible dependents now, you must wait until the next open enrollment to add them, except for certain qualifying life events such as:

- Birth or placement for adoption of a child
- Placement of a legal ward
- Marriage/establishment of a domestic partnership
- A Qualified Medical Child Support Order
- A significant change in your spouse/domestic partner's employer-sponsored coverage.

In general, when a qualifying life event occurs, you must submit Add Dependent and Life/AD&D Change forms to Benefits, Payroll and Retirement Operations within 30 days of the event (see “What Happens If . . .” in *Your King County Benefits*).

► **Do you want supplemental life insurance?**

Your basic life. The county pays for \$25,000 basic life insurance for you if you elect medical coverage for yourself. If you die for any reason, your beneficiaries receive \$25,000.

Your supplemental life. If you elect medical coverage, you may purchase supplemental life insurance for yourself in \$25,000, \$50,000, \$75,000 or \$100,000 amounts when you first enroll in the Partial Benefits Plan or within 30 days of a qualifying life event:

- You marry or establish a domestic partnership
- Your child first becomes eligible for coverage under your county benefit plans
- Your spouse/domestic partner or child loses county or other employer-provided life insurance.

If you die, your beneficiaries receive your supplemental life in addition to your \$25,000 basic life insurance.

Spouse/domestic partner supplemental life. If you elect supplemental life insurance for yourself, you may cover your spouse/domestic partner at 50% of your supplemental amount when you first enroll in the Partial Benefits Plan or within 30 days of a qualifying life event:

- You marry or establish a domestic partnership
- Your spouse/domestic partner loses county or other employer-provided life insurance.

If your spouse/domestic partner dies, you are the beneficiary.

Children supplemental life. If you elect supplemental life insurance for yourself, you may cover each of your children 14 days or older for \$10,000 each when you first enroll in the Partial Benefits Plan or within 30 days of a qualifying life event:

- Your child first becomes eligible for coverage under your county benefit plans
- Your child loses county or other employer-provided life insurance.

If your child dies, you are the beneficiary.

More about supplemental life, including cost. Life insurance is provided through Aetna and is portable. If you leave employment with the county (but not if you leave employment due to disability), you may continue to pay Aetna directly for the basic and supplemental coverage you had on your last day of employment until you reach age 99. If you continue the coverage for yourself, you may continue the supplemental coverage you had for your spouse/domestic partner until he/she is 99 up to \$100,000 and your dependent children until they're 19 (25 if solely dependent on you for support) up to \$5,000. The age-specific rates you pay for the continued coverage may be different from the rates paid by active employees.

The monthly cost of supplemental life insurance for you and your spouse/domestic partner is based on your age. The monthly cost for all children is \$0.82, regardless of the number of children covered.

The following table shows the cost of supplemental life per \$25,000 for different age groups. A worksheet is included so you can calculate your total monthly cost.

Age	Monthly cost per \$25,000 supplemental life for you	Monthly cost per \$25,000 supplemental life for your spouse/domestic partner	Calculate your total monthly cost for supplemental life
Under 25	\$ 0.725	\$ 1.375	Enter cost/\$25,000 for your age here 1. \$ _____
25-29	\$ 0.875	\$ 1.650	Enter 1 for \$25,000 for yourself here Enter 2 for \$50,000 for yourself here Enter 3 for \$75,000 for yourself here Enter 4 for \$100,000 BAS for yourself here 2. _____
30-39	\$ 1.200	\$ 2.200	Multiply line 1 by line 2 and enter the answer here 3. \$ _____
40-44	\$ 1.525	\$ 2.775	If you elect supplemental life for your spouse/ domestic partner, enter 0.5 here; if not, enter 0 4. _____
45-49	\$ 2.400	\$ 4.425	Multiply line 2 by line 4 and enter the answer here 5. _____
50-54	\$ 4.150	\$ 7.750	Enter cost/\$25,000 for spouse/domestic partner age here 6. \$ _____
55-59	\$ 7.425	\$ 13.875	Multiply line 5 by line 6 and enter the answer here 7. \$ _____
60-64	\$ 9.850	\$ 18.225	If you elect supplemental life for children, enter \$0.821 here; if not, enter 0 8. \$ _____
65-69	\$ 16.875	\$ 31.325	Add lines 3, 7 and 8 for your total monthly cost here 9. \$ _____
70+	\$ 27.400	\$ 50.800	

► Do you want supplemental AD&D insurance?

Your basic AD&D. The county pays for \$25,000 basic accidental death and dismemberment (AD&D) insurance for you if you elect medical coverage for yourself. If you die in a covered accident, your beneficiaries receive \$25,000 (in addition to your basic life insurance benefit). For dismemberment, paralysis and other covered losses, you receive an amount determined by the type of loss.

Your supplemental AD&D. If you elect medical coverage, you may purchase supplemental AD&D insurance for yourself from \$50,000 to \$500,000, in \$50,000 increments, when you first enroll in the Partial Benefits Plan or during open enrollment. If you die, your beneficiaries receive your supplemental AD&D in addition to your \$25,000 basic AD&D insurance.

Spouse/domestic partner supplemental AD&D. If you elect supplemental AD&D insurance for yourself, you may cover your spouse/domestic partner at 50% or 100% of your supplemental amount when you first enroll in the Partial Benefits Plan, during open enrollment or within 30 days of a qualifying life event:

- You marry or establish a domestic partnership
- Your spouse/domestic partner loses county or other employer-provided AD&D insurance.

If your spouse/domestic partner dies or is dismembered in a covered accident, you are the beneficiary.

Children supplemental AD&D. If you elect supplemental AD&D insurance for yourself, you may cover each of your children for 10% of your supplemental amount when you first enroll in the Partial Benefits Plan, during open enrollment or within 30 days of a qualifying life event:

- Your child first becomes eligible for coverage under your county benefit plans
- Your child loses county or other employer-provided AD&D insurance.

If your child dies or is dismembered in a covered accident, you are the beneficiary.

Cost of supplemental AD&D. AD&D insurance is provided through CIGNA. Add across each row for those you cover to determine your total monthly cost.

If you elect this supplemental amount ...	Cost for You	Cost to Cover Your Spouse/DP at 50% of Your Amount	Cost to Cover Your Spouse/DP at 100% of Your Amount	Cost to Cover All Your Children at 10% of Your Amount
\$ 50,000	\$.85	\$.43	\$.85	\$.25
\$ 100,000	\$ 1.70	\$.85	\$ 1.70	\$.50
\$ 150,000	\$ 2.55	\$ 1.28	\$ 2.55	\$.75
\$ 200,000	\$ 3.40	\$ 1.70	\$ 3.40	\$ 1.00
\$ 250,000	\$ 4.25	\$ 2.13	\$ 4.25	\$ 1.25
\$ 300,000	\$ 5.10	\$ 2.55	\$ 5.10	\$ 1.50
\$ 350,000	\$ 5.95	\$ 2.98	\$ 5.95	\$ 1.75
\$ 400,000	\$ 6.80	\$ 3.40	\$ 6.80	\$ 2.00
\$ 450,000	\$ 7.65	\$ 3.83	\$ 7.65	\$ 2.25
\$ 500,000	\$ 8.50	\$ 4.25	\$ 8.50	\$ 2.50

► Do you want supplemental LTD insurance?

The county pays for basic long-term disability insurance for you if you elect medical coverage for yourself. If you become disabled, are unable to work and apply for LTD, this benefit combines with other sources of disability income to replace 60% of your monthly predisability earnings to a maximum benefit of \$6,000 a month after a 180-day waiting period.

You may purchase supplemental LTD only when you first enroll in the Partial Benefits Plan. Supplemental LTD increases the maximum benefit to \$7,200 a month and reduces the waiting period to 90 days.

The cost for supplemental LTD is \$3.96 a month.

► Who are your insurance beneficiaries?

If you elect medical coverage and receive basic life, basic AD&D and basic LTD insurance and elect supplemental life, supplemental AD&D and supplemental LTD, you need to designate beneficiaries—the people you want to receive the insurance benefits in the event of your death. Complete the Aetna Life Insurance Beneficiary Designation Form (page 35) and the CIGNA Beneficiary Designation Form (page 37), return each form to the company's address on the form and keep a copy of the forms for your records.

Provide complete information to help us find your beneficiaries if you die. You may list only the last four digits of Social Security numbers for your beneficiaries if you choose, but complete Social Security numbers facilitate benefit payment.

The forms allow you to designate primary and contingent beneficiaries. If your primary beneficiaries aren't alive at the time of your death, contingent beneficiaries receive your benefit. If you name multiple beneficiaries (primary or contingent), assign the share each beneficiary receives. Shares for all primary beneficiaries need to total 100% and shares for all contingent beneficiaries need to total 100%.

For example, you might name your spouse as primary and your two children as contingents. You'd assign your spouse 100% of your insurance benefit and could assign each child 50% of the benefit or one child 60% and the other 40% – whatever combination of shares totals 100%. If your spouse isn't alive to receive the benefit in the event of your death, your contingent children receive it according to the shares you assign. (If you're married and don't list your spouse as primary with at least 50% of your benefit, your spouse should sign the spouse waiver section of the form.)

If you don't designate beneficiaries and die, the State of Washington determines beneficiaries for you:

- For life and AD&D insurance, benefits are paid to your spouse, your children, your parents or your siblings, in that order. If none of them survives you, benefits are paid to your estate.
- For long-term disability (there's a death benefit if you die while on long-term disability), the survivor benefit is paid to your spouse or eligible children, in that order. If none of them survives you, benefits are paid to your estate.

► **Do you want your premiums deducted before or after taxes are withheld?**

If you elect Partial Benefits Plan coverage, you pay premiums through payroll deduction. The monthly cost of your coverage is divided in half and deducted from two regular monthly paychecks (when there are three paychecks in a month, no deductions are taken from the last one).

The premiums for supplemental life, supplemental AD&D and supplemental LTD insurance (if you elect it) are deducted after federal income and Social Security taxes are withheld, but you may have premiums for health coverage (medical, dental and vision) deducted before-tax or after-tax.

If you have health coverage premiums deducted before-tax, this reduces your taxes, but IRS restrictions apply:

- Any portion of the premiums you pay to provide health coverage to a domestic partner or domestic partner's children is deducted after-tax
- You may not discontinue any health coverage until the next open enrollment unless a qualifying life event occurs:
 - Death of a family member
 - Divorce or dissolution of a domestic partnership
 - Child's loss of eligibility
 - Significant change in your spouse/domestic partner's coverage due to his/her employment
- You must re-enroll for the before-tax premium payment plan every year during open enrollment or you default to the after-tax plan.

If you have health coverage premiums deducted after-tax, you do not reduce your taxes, but you may discontinue the coverage for yourself or a dependent anytime.

► **Do you want to participate in a Flexible Spending Account?**

Flexible spending accounts (FSAs) allow you to set aside pretax dollars from your paycheck to pay for expenses not covered through your other benefits. When you put money into an FSA, you don't pay federal or Social Security (FICA) taxes on it. As a result, your taxable income is reduced and your taxes are lower.

- Health care FSAs allow you to set aside pretax dollars to pay for certain expenses not covered by your medical, dental and vision plans (for example, copays for office visits and the cost of orthodontia not fully paid by your dental plan).
- Dependent care FSAs allow you to set aside pretax dollars to pay for eligible dependent care expenses for your child, disabled spouse or dependent parent while you and your spouse work.

Please refer to “Flexible Spending Accounts” in *Your King County Benefits* for more details. To participate in an FSA, get an FSA Enrollment Form at www.kingcounty.gov/employees/benefits or from Benefits, Payroll and Retirement Operations and submit it **within 30 days of your hire date** or your qualification date, whichever is later. Otherwise, you must wait for a qualifying life event or the next open enrollment.

If You Leave Employment

If you leave employment, you may self-pay to continue county-paid coverage, but you pay the full monthly premiums without county contributions. Details are provided in *Your King County Benefits* and the county’s Exit Guide available at www.kingcounty.gov/employees/benefits. Your monthly self-pay rates for health coverage are based on what the county pays to provide the same coverage to you as an active employee. Here, for reference, are the monthly self-pay rates for 2010 and 2009.

Medical plan	You	Spouse/domestic partner	Dependent child(ren)
KingCare SM Gold*	2010 ► \$ 641.06 2009 ► \$ 654.84	2010 ► \$ 595.71 2009 ► \$ 603.62	2010 ► \$ 476.56 2009 ► \$ 317.27
KingCare SM Silver*	2010 ► \$ 605.32 2009 ► \$ 618.62	2010 ► \$ 559.97 2009 ► \$ 567.41	2010 ► \$ 447.97 2009 ► \$ 298.24
KingCare SM Bronze*	2010 ► \$ 575.54 2009 ► \$ 588.44	2010 ► \$ 530.18 2009 ► \$ 537.22	2010 ► \$ 424.15 2009 ► \$ 282.38
Group Health Gold*	2010 ► \$ 555.48 2009 ► \$ 381.02	2010 ► \$ 479.91 2009 ► \$ 381.02	2010 ► \$ 383.93 2009 ► \$ 304.82
Group Health Silver	2010 ► \$ 522.62 2009 ► \$ 357.96	2010 ► \$ 447.06 2009 ► \$ 357.96	2010 ► \$ 357.64 2009 ► \$ 286.38
Group Health Bronze	2010 ► \$ 493.39 2009 ► \$ 337.46	2010 ► \$ 417.83 2009 ► \$ 337.46	2010 ► \$ 334.26 2009 ► \$ 269.85

HIPAA Special Enrollment Rights

Special enrollment rights under the Health Insurance Portability and Accountability Act (HIPAA) allow you and your eligible dependents to change to another medical plan benefit option at the time of a qualifying event, provided you are receiving your medical coverage as an active employee or under COBRA or retiree medical.

Upon the occurrence of a qualifying event, you and all of your eligible dependents may either:

- Remain in your current medical plan, or
- Enroll in any medical plan benefit option for which you and your dependents are eligible.

The special enrollment rights also allow you to change to another medical plan benefit option when you reach the lifetime maximum for your medical benefits under your existing medical plan option.

► **Examples of events that qualify you for HIPAA special enrollment rights**

Here are some examples of when HIPAA special enrollment rights are available to you:

- An employee or the employee's dependent loses coverage under another group health plan
- An employee or the employee's dependent reaches a lifetime maximum benefit under another group health plan either with King County or another employer's plan
- A participant in a health maintenance organization (HMO) plan no longer resides in the HMO service area
- A person becomes a dependent through marriage, birth, adoption or placement for adoption, in which case the participant and dependents may change medical plans. An employee who previously "opted out" of medical coverage may now "opt in" within 30 days of adding dependent(s)
- Employer contributions toward other coverage terminate, in which case the employee and dependent(s) may opt into King County coverage (even if the individual continues the other coverage by paying the amount that used to be paid by the employer).

If you have an event that is not listed above, contact Benefits, Payroll and Retirement Operations at 206-684-1556 or kc.benefits@kingcounty.gov to find out if HIPAA special enrollment rights are available to you.

► **Special enrollment rights under the 2009 Children's Health Insurance Program**

An expansion of the former State Children's Health Insurance Program, now called Children's Health Insurance Program, allows you and your eligible dependents to enroll in a group health plan when:

- You or your dependent loses Medicaid coverage or coverage under the Children's Health Insurance Program because you are no longer eligible (this provision began April 1, 2009), or
- You or your dependent qualifies for state assistance in paying your employer group medical plan premiums (pending action by the State of Washington, this provision allows states to provide premium assistance to children whose family earns more than 200% of the federal poverty level).

► **Plan Notification**

If you qualify for special enrollment rights under the Children's Health Insurance Program and want to enroll in a King County medical plan, you must notify Benefits, Payroll and Retirement Operations at 206-684-1556 within 60 days following the event. For all other special enrollment events, notification must occur within 30 days following the event. Otherwise, you must wait until the next open enrollment period to enroll in coverage.

Coverage begins on the first of the month following the event. If the event occurs on the first of the month, then coverage begins that day. For birth or adoption, coverage is made retroactive to the date of birth or adoption or when a child is placed with you for adoption.

HIPAA Notice of Privacy Practices

This section of your guide describes how medical information about you may be used and disclosed by King County and how you can get access to this information. Please review all information carefully and, if you have any questions, contact Benefits, Payroll and Retirement Operations.

► **Our obligations**

We treat all personal information you provide us to administer your health benefits as confidential and, under the Health Insurance Portability and Accountability Act (HIPAA), we must:

- Maintain the privacy of any protected health information (personally identifiable medical information) you provide us when you enroll for benefit coverage, change coverage or ask for our assistance with a health benefit claim
- Provide you with this notice advising you how we handle your protected health information and informing you of our legal obligations and your rights regarding the information
- Follow the terms of this notice effective April 14, 2003.

► **How we may use and disclose protected health information**

When you enroll for benefit coverage, change coverage or ask for our assistance with a health benefit claim, you provide us with confidential information such as your name and Social Security number. Sometimes, when you ask for our assistance with a claim, you may also provide us with details about the health treatments you've received and payments for services you've made. This information becomes "protected health information" when used and disclosed in the course of managing our health care operations (administering your health benefits) and facilitating payment of health claims.

Pursuant to this notice, we may use and disclose this protected health information to:

- Our employees authorized to assist in the administration of county benefit plans
- Representatives of the plans or any third party administrators with whom we have agreements to provide your benefit services.

In addition, we may use or disclose protected health information:

- When required by law (such as in response to a court or administrative order, subpoena, discovery request, etc.)
- For purposes of workers' compensation or similar programs
- When necessary to prevent a serious threat to the health and safety of you or the public.

For all the reasons explained above, we may use and disclose your personal health information without your written authorization. In all other cases, your written authorization is required.

► **Your rights**

For any protected health information provided to and maintained by us, you have the right to:

- Inspect and copy it
- Request amendments to it if it's incorrect or incomplete (we may deny amendment requests for specific reasons—for example, we deny requests to amend information we didn't create)
- Request to know to whom it's been disclosed for disclosures made after April 14, 2003 (the effective date of this notice)
- Request restrictions on what is disclosed and to whom (we try to honor restriction requests, but are not required to do so)
- Request it be communicated to you in a certain way (for instance, that we only contact you by mail or at work—we try to honor these requests, but are not required to do so).

To exercise any of these rights, contact us in writing. Mail your request to Benefits, Payroll and Retirement Operations, The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle WA 98104, or e-mail it to kc.benefits@kingcounty.gov.

► **Changes to our privacy practices**

We reserve the right to change our privacy practices and to apply the new practices to protected health information we already have as well as to any information we receive in the future. We will notify you if we make changes and when the changes become effective.

► Complaints

If you believe your privacy rights have been violated, you may file a complaint in writing with Benefits, Payroll and Retirement Operations or the Secretary of the U.S. Department of Health and Human Services. You won't be penalized for filing a complaint.

To file a complaint with Benefits, Payroll and Retirement Operations, mail it to The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle WA 98104, or e-mail it to kc.benefits@kingcounty.gov.

Resource Directory

If no TTY phone number is listed, please call 711 to access the TTY Relay Service.

For Questions About ...	Contact ...
AD&D Insurance <ul style="list-style-type: none"> Conversion when you leave employment Secure travel benefits For claims, contact Benefits, Payroll and Retirement Operations 	CIGNA Group Insurance CIGNA Customer Service Center, P.O. Box 20310, Lehigh Valley, PA 18002-0310 Phone 1-800-557-7975 (conversion) ■ 1-800-362-4462 (claims) Worldwide Assistance Services Inc. (secure travel benefits) Phone 1-888-226-4567 (US/Canada) ■ 1-800-336-2485 (TTY) Fax 202-331-1528 E-mail cigna@worldwideassistance.com
Benefits – General <ul style="list-style-type: none"> Eligibility Open enrollment and making changes Flexible spending account enrollment Life, AD&D and LTD insurance plan details Alternate formats 	Benefits, Payroll and Retirement Operations The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle WA 98104-2333 Phone 206-684-1556 ■ 1-800-325-6165 x41556 (outside local calling area) Fax 206-296-7700 E-mail kc.benefits@kingcounty.gov Web www.kingcounty.gov/employees/benefits
Dental <ul style="list-style-type: none"> Providers Claims and appeals Other plan details 	Washington Dental Service (WDS) PO Box 75983, Seattle WA 98175-0983 Phone 1-866-229-4102 E-mail cservice@deltadentalwa.com Web www.deltadentalwa.com
Flexible Spending Accounts (FSAs) <ul style="list-style-type: none"> Account balances Reimbursement Other plan details 	FBMC PO Box 1878, Tallahassee, FL 32302-1878 Phone 1-866-879-8689 (Monday-Friday, 4 a.m.-7 p.m. Pacific) Fax 1-866-440-7148 Web www.myFBMC.com
Life Insurance <ul style="list-style-type: none"> Conversion or portability option when you leave employment Evidence of Insurability (EOI) For claims, contact Benefits, Payroll and Retirement Operations 	Aetna Life Insurance Company PO Box 14547, Lexington, KY 40512-4547 Phone 1-800-826-7448 (conversion/portability) ■ 1-800-523-5065 (claims/EOI) Customer service phone 1-800-584-2983 ■ 1-800-803-5934 (fax)
LTD Insurance <ul style="list-style-type: none"> Conversion option when you leave employment Claims and appeals 	CIGNA Group Insurance CIGNA Customer Service Center, PO Box 20310, Lehigh Valley, PA 18002-0310 Phone 1-800-557-7975, ext. 7424 (conversion/portability) 1-800-362-4462 (claims) ■ 1-800-336-2485 (claims TTY) Web https://dmswebintake.group.cigna.com

For Questions About ...	Contact ...
Medical – General <ul style="list-style-type: none"> Providers (doctors, hospitals, etc.) Claims and appeals Identification cards Preauthorization Other plan details (covered expenses, limitations, exclusions) 	KingCareSM – Aetna, Inc. PO Box 14079, Lexington KY 40512-4079 Phone 1-800-654-3250 (medical) ■ 1-888-632-3862 (medical preauthorization) E-mail kingcare@aetna.com Web www.kingcare.com Medical Claims – Aetna Inc. PO Box 14079, Lexington KY 40512-4079 Group Health Cooperative PO Box 34585, Seattle WA 98124-1585 Phone 1-888-901-4636 E-mail info@ghc.org Web www.ghc.org
Medical – Prescriptions <ul style="list-style-type: none"> Drug formulary (covered drugs, including generic, preferred brand and non-preferred brand) Pharmacies Mail order service Filing claims and appeals Identification cards (KingCareSM members only; Group Health members use medical plan card for prescriptions) 	KingCareSM – Express Scripts, Inc. Member Reimbursements, PO Box 66583, St. Louis, MO 63166 Phone 1-800-332-2213 ■ 1-800-899-2114 (TTY) Web www.express-scripts.com Group Health Cooperative (for mail-order prescriptions) Phone 1-800-245-7979 Web www.MyGroupHealth.com
Vision <ul style="list-style-type: none"> Providers Claims and appeals Other plan details 	Vision Service Plan PO Box 997100, Sacramento CA 95899-7100 Phone 1-800-877-7195 ■ 1-800-428-4833 (TTY) Web www.vsp.com

PT 587 Partial Benefits Plan Enrollment Form



King County

Benefits, Payroll and
Retirement Operations

Check one box for each benefit listed. Return ***within 30 days of your hire date*** to Benefits, Payroll and Retirement Operations, The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle WA 98104. Complete the Dependent Enrollment Form (page 31) to list eligible dependents you want to cover.

Last name _____ First _____ MI _____ Gender ☐ M ☐ F

Employee ID (not transit number) _____ Birth date _____ Home phone (____) _____

Mailing address _____ Apt No _____ City _____

State _____ ZIP _____ Home e-mail _____

Transit base _____ Start date _____ Work phone (____) _____

King County employment ☐ Never worked for the county ☐ Worked for the county, ending employment (date) _____

Washington State Retirement System ☐ Never enrolled ☐ Previously enrolled and retired from (plan and date) _____

Medical (you must elect medical to have any dental, life, AD&D or LTD coverage)

<input type="checkbox"/> I decline medical coverage	Me Only	Spouse/DP + Me	Child(ren) + Me	Spouse/DP, Child(ren) + Me
I elect KingCare SM for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I elect Group Health for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dental (you must elect medical to have any dental coverage for yourself and family members)

<input type="checkbox"/> I decline dental coverage	Me Only	Spouse/DP + Me	Child(ren) + Me	Spouse/DP, Child(ren) + Me
I elect Washington Dental Service for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vision (you may elect vision coverage without electing medical)

<input type="checkbox"/> I decline vision coverage	Me Only	Spouse/DP + Me	Child(ren) + Me	Spouse/DP, Child(ren) + Me
I elect Vision Service Plan for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Life insurance (you must elect medical to have basic life coverage and to elect supplemental life)

<input type="checkbox"/> I decline supplemental life					
I elect supplemental life for myself	<input type="checkbox"/> \$0	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$75,000	<input type="checkbox"/> \$100,000
I elect supplemental life for Sp/DP	<input type="checkbox"/> \$0	<input type="checkbox"/> 50% of your supplemental amount			
I elect supplemental life for children	<input type="checkbox"/> \$0	<input type="checkbox"/> \$10,000			

AD&D insurance (you must elect medical to have basic AD&D and to elect supplemental AD&D)

<input type="checkbox"/> I decline supplemental AD&D						
I elect supplemental AD&D for myself	<input type="checkbox"/> \$0	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$250,000
	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$350,000	<input type="checkbox"/> \$400,000	<input type="checkbox"/> \$450,000	<input type="checkbox"/> \$500,000	
I elect supplemental AD&D for Sp/DP	<input type="checkbox"/> \$0	<input type="checkbox"/> 50% of your supplemental amount			<input type="checkbox"/> 100% of your supplemental amount	
I elect supplemental AD&D for children	<input type="checkbox"/> \$0	<input type="checkbox"/> 10% of your supplemental amount				

LTD insurance (you must elect medical to have basic LTD and to elect supplemental LTD)

☐ I decline supplemental LTD (keep basic only – 180-day wait)

☐ I elect supplemental LTD (90-day wait)

Premium payment plan

☐ Before-Tax. Deduct my Partial Benefits Plan premiums for health coverage from my regular paycheck before taxes have been deducted. I understand that by choosing this option I may not drop any coverage until the next open enrollment except when certain qualifying changes in family status occur, and any portion of the premiums I pay to cover a domestic partner or domestic partner's children generally must be deducted after taxes, per IRS regulations.

☐ After-Tax. Deduct my Partial Benefits Plan premiums from my regular paycheck after taxes have been deducted.

(over)

Authorize your benefit elections

This form supersedes all previously submitted forms. I've read and understand it and the additional materials describing my benefits. The information I've provided is true, correct and complete. I understand the willful falsification of any information I have provided may lead to disciplinary action up to and including discharge from employment. I authorize the insurance carriers to coordinate benefits and process claims for my family and me. I authorize King County to deduct the cost of any self-paid coverage I've chosen from my paycheck. I understand the elections I've made are binding and cannot be revoked or modified except as explained in the materials provided and until I submit the appropriate change form.

Employee signature _____

Date signed _____

Office Use Only	Received	Reviewed	Data Entered	Audited	Effective
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Dependent Enrollment Form



King County

Benefits, Payroll and
Retirement Operations

List eligible dependents (as described on page 18) you want to cover and provide all information for each dependent. Please print. Copy and attach additional forms if needed. If you're adding an unmarried dependent child who is 23 or 24 years old, you pay the premium for the coverage. If you're covering a spouse/domestic partner, complete the Affidavit of Marriage/Domestic Partnership (page 33).

☐ Check this box if your spouse/domestic partner is also a King County employee.

1.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
2.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
3.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
4.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
5.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
6.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
7.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
8.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
9.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____

Authorize your family member enrollment

I authorize the insurance carriers to coordinate benefits and process claims for my family and me. I authorize King County to deduct the cost of any self-paid coverage I've chosen from my paycheck. I understand the elections I've made are binding and cannot be revoked or modified except as explained in the materials provided and until I submit the appropriate change form.

Employee signature _____ Date signed _____
Printed name _____ Contact phone (_____) _____
PeopleSoft Employee ID _____

Affidavit of Marriage/ Domestic Partnership



King County

Benefits, Payroll and
Retirement Operations

Check all boxes that apply

- ☐ Add my spouse/domestic partner (DP) for benefit coverage.
- ☐ This form documents my marriage/domestic partnership, but don't add my spouse/domestic partner for coverage at this time.
- ☐ My spouse/DP is also a King County employee.

Check one box and provide the date

- ☐ I (employee) certify my spouse (named below) and I legally married (date) _____.
- ☐ I (employee) certify my domestic partner (named below) and I began our domestic partnership (date) _____ and we:

- ☐ Share the same regular and permanent residence
- ☐ Have a close personal relationship
- ☐ Are jointly responsible for basic living expenses*
- ☐ Aren't married to anyone
- ☐ Are both 18 years of age or older
- ☐ Aren't related by blood closer than would bar marriage in the State of Washington
- ☐ Were mentally competent to consent to contract when our domestic partnership began, and
- ☐ Are each other's sole domestic partners and are responsible for each other's common welfare.

* "Basic living expenses" means the cost of basic food, shelter and any other expenses of a domestic partner paid at least in part by a program or benefit for which the partner qualified because of the domestic partnership. Individuals need not contribute equally or jointly to the cost of these expenses as long as they both agree they are responsible for the cost.

Confirm you understand this affidavit and have provided accurate information

I (employee) understand this affidavit will no longer be effective if my spouse/domestic partner dies or if there is a change of circumstances attested to in this affidavit. I agree to notify Benefits, Payroll and Retirement Operations or the appropriate payroll/personnel representative if there is any change of circumstances attested to in this affidavit within 30 days of such change by filing a Delete Family Member form. I understand the willful falsification of information on this affidavit may lead to disciplinary action up to and including discharge from employment.

We (employee and spouse/domestic partner) understand this information will be held confidential and subject to disclosure only upon express written authorization or if otherwise required by law. We understand this declaration of responsibility for our common welfare may have legal implications under Washington State law. We understand a civil action may be brought against us for any losses, including reasonable attorney fees, because of a false statement contained in this Affidavit of Marriage/Domestic Partnership. We certify under penalty of perjury, under the laws of the State of Washington, the foregoing is true and correct.

Employee signature _____ Date signed _____

Printed name _____ Contact phone (_____) _____

Paid ☐ 5th and 20th ea month ☐ Every other Thursday PeopleSoft Employee ID _____

Spouse/DP signature _____ Date signed _____

Printed name _____



Aetna Life Insurance Company

Designation of Beneficiary

Forward to:
Aetna Life Insurance Company
P. O. Box 14547
Lexington, KY 40512-4547
1-800-803-5934 (FAX)
1-888-584-2983 (Customer Service)

Before executing this form refer to the other side. Please keep a copy for your records.

Group Policyholder Name King County	Group Policy Number 723832	<input type="checkbox"/> Employee	Employee Social Security Number
Employee Name and Address		Please check which coverage(s) this form applies to: <input type="checkbox"/> All coverages listed below <input type="checkbox"/> Basic Life Insurance <input type="checkbox"/> Supplemental Life Insurance	
		If left blank, this form will apply to all coverages listed above.	

Subject to the terms of the above numbered Group Policy(ies), I request that any sum becoming payable by reason of my death be payable to the following beneficiary(ies). It is my understanding that this designation shall operate so as to revoke all designations of beneficiary and all election of optional methods of settlement previously made by me under said Policy(ies). If this Designation of Beneficiary refers only to a Group Life Insurance Policy and if I am also insured for Supplemental and/or Group Accidental Death coverage, this designation shall apply to those coverages unless expressly stated above. This Designation of Beneficiary is subject to all "Conditions" shown on the reverse side of this form.

Employee Signature	Date
--------------------	------

Beneficiary Name and Address <input checked="" type="checkbox"/> Primary Beneficiary*			
Relationship	Social Security Number	Date of Birth (MM/DD/YYYY)	Percentage

Beneficiary Name and Address <input type="checkbox"/> Primary Beneficiary* or <input type="checkbox"/> Contingent Beneficiary**			
Relationship	Social Security Number	Date of Birth (MM/DD/YYYY)	Percentage

Beneficiary Name and Address <input type="checkbox"/> Primary Beneficiary* or <input type="checkbox"/> Contingent Beneficiary**			
Relationship	Social Security Number	Date of Birth (MM/DD/YYYY)	Percentage

Beneficiary Name and Address <input type="checkbox"/> Primary Beneficiary* or <input type="checkbox"/> Contingent Beneficiary**			
Relationship	Social Security Number	Date of Birth (MM/DD/YYYY)	Percentage

*If more than one Primary Beneficiary is named, the Primary Beneficiaries shall share equally unless otherwise indicated above.

**Contingent Beneficiary(ies) will only receive proceeds if all Primary Beneficiaries have predeceased the Insured. If you are naming more than one Contingent Beneficiary at 100% each, please indicate 1st contingent, 2nd contingent, 3rd contingent, etc. in the order of precedence.

SPOUSAL CONSENT FOR COMMUNITY PROPERTY STATES ONLY (See Conditions on reverse side of form.)

Please note that an employee/retiree is under no obligation to complete the Spousal Consent section of this form.

I am aware that my spouse, the Employee/Retiree named above, has designated someone other than me to be the beneficiary of group life insurance under the above policy. I hereby consent to such designation and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersedes any prior spousal consent or waiver under this plan.

Spouse Signature _____ Date _____

Conditions

- Unless otherwise expressly provided in this Designation of Beneficiary form, if any named beneficiary predeceases me, the life proceeds shall be payable equally to the remaining named beneficiary or beneficiaries. If no named beneficiary survives me, any sum becoming payable under said Group Policy(ies) by reason of my death shall be payable as prescribed in said Group Policy(ies).
- If this Designation of Beneficiary provides for payment to a trustee under a trust agreement, Aetna Life Insurance Company shall not be obliged to inquire into the terms of the trust agreement and shall not be chargeable with knowledge of the terms thereof. Payment to and receipt by the trustee shall fully discharge all liability of said Insurance Company to the extent of such payment.
- If you live in one of the following community property states - Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin – your spouse may have a legal claim for a portion of the life insurance benefit under state law. If you name someone other than your spouse as beneficiary, payment of the death benefit may be delayed until your spouse's claim is resolved. If you make the beneficiary someone other than your spouse, it may be a good idea to complete the spousal consent section, which allows the spouse to waive his or her rights to any community property interest in the benefit.

Instructions

- Please use only black ink to complete this form.
- If you make a mistake in completing this form, line out the erroneous information, add the correct information and initial the correction. **The printed material on this form should not be deleted or altered in any way.**
- In all cases, the relationship of the beneficiary and the beneficiary's social security number should be included with the beneficiary designations.
- If beneficiary is to be contingent, be sure to check the appropriate box. A Contingent Beneficiary will receive benefits only if the Primary Beneficiary(ies) do not survive the insured. If naming more than one Contingent Beneficiary at 100% each, please indicate 1st contingent, 2nd contingent, 3rd contingent, etc.
- If a married woman is named beneficiary, her full legal name should be shown.
For example: Mary J. Smith, not Mrs. John J. Smith. Likewise, if this form is to be signed by a married woman, she should sign her full legal name.
- If a minor child is named beneficiary, the date of birth along with the social security number must be given.
- When two or more beneficiaries are named, and they are not to share the benefits equally, enter the percentage each beneficiary is to receive on the form in the space provided. **Dollars and cents should not be specified. When added together, the sum of the percentages going to the two or more named beneficiaries should not total more than 100%.**
- If a trustee is named beneficiary, show the exact name of the trust, date of the trust agreement, and the name and address of the trustee.
For example: The John J. Smith Revocable Life Insurance Trust, dated January 1, 1994. John Smith Trustee, 123 Apple Lane, Hartford, CT 06006.

BENEFICIARY DESIGNATION FORM

Life Insurance Company of North America

Please return completed Beneficiary Form to:

CIGNA Group Insurance

CIGNA Customer Service Center

P.O. Box 20310

Lehigh Valley, PA 18002-0310

If you have any questions completing this form call:

1.800.732.1603, Monday through Friday 8:00 a.m. to 6:00 p.m. Eastern Standard Time

**CIGNA Group Insurance**
Life • Accident • DisabilityEmployer Name King County

Employee Name _____ Employee Social Security # _____

Current Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ *please enter all dates in mm/dd/yyyy format.*

Primary and Contingent Beneficiaries – Unless you designate a percentage, proceeds are paid to primary surviving beneficiaries in equal shares. Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. If you designate contingent beneficiaries and do not designate percentages, proceeds are paid to the surviving contingent beneficiaries in equal shares. Unless otherwise provided, the share of a beneficiary who dies before the insured will be divided proportionately among the surviving beneficiaries in the respective category (primary or contingent).

Basic Accident Insurance, Life Insurance Company of North America - Policy No. <u>OK-821856</u>				
Employee's Primary Beneficiary(ies):	Relationship to Employee	Social Security Number	Date of Birth	% (total must equal 100%)
Employee's Contingent Beneficiary(ies):	Relationship to Employee	Social Security Number	Date of Birth	% (total must equal 100%)

Voluntary Accident Insurance, Life Insurance Company of North America - Policy No. <u>OK-821856</u>				
Employee's Primary Beneficiary(ies):	Relationship to Employee	Social Security Number	Date of Birth	% (total must equal 100%)
Employee's Contingent Beneficiary(ies):	Relationship to Employee	Social Security Number	Date of Birth	% (total must equal 100%)

Community Property Laws - If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), and name someone other than your spouse as beneficiary, it is possible that payment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation.

Spouse Signature _____ Date ____/____/____

Owner Signature _____ Date ____/____/____

Please refer to page 2 for the Disability Insurance Survivor Benefit Beneficiary Designation section and to review *Guidelines for Designation of Beneficiaries*. If you need additional space, using the above format, attach a separate piece of paper with the appropriate policy number, the date, and your signature.

Disability Insurance Survivor Benefit, Life Insurance Company of North America - Policy No. <i>FLK-980001</i>				
Employee's Primary Beneficiary(ies):	Relationship to Employee	Social Security Number	Date of Birth	% (total must equal 100%)

Please Note - You may not need to complete this form. This disability insurance plan pays a survivor benefit upon your death to help your family cope during that critical period. If you don't complete this form, the benefit will automatically be paid to your spouse, or if no spouse is living, to your children, or if no children are living, to your estate. You need to complete this section only if you want someone else to receive the benefit. For example, if you don't have a spouse or children, or if you want to designate a domestic partner as beneficiary.

Employee Signature _____ Date ____/____/____

GUIDELINES FOR DESIGNATION OF BENEFICIARIES

General - Please be sure to include the beneficiary's full name, social security number and relationship to you. Providing this information can help expedite the claim process by making it easier to locate and verify beneficiaries.

Minors - While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian of the child's estate. You may want to obtain the assistance of an attorney in drafting your beneficiary designation.

Trust as Beneficiary - You may designate a trust as beneficiary, using the following form: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]."

If you wish to designate a testamentary trust as beneficiary (i.e., one created by will), you should recognize the possibility that your will which was intended to create this trust may not be admitted to probate (because it is lost, contested, or superseded by a later will). Claim payment delays can result if the beneficiary designation doesn't provide for this situation.

Life Status Changes - We recommend that you review your beneficiary designation when significant life status events occur, such as marriage, divorce, or birth of a child.

See an Attorney! The above guidelines are general and are not intended to be relied on as legal advice. Unless your designation is a simple one, we recommend that you obtain the assistance of an attorney in drafting your beneficiary designation. A qualified attorney can help assure that your beneficiary designation correctly reflects your intentions, is clear and unambiguous, and meets legal requirements.